

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533274

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6	1		1			
7		1		1		
8		1		1		
9		2		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16	1		1			
17		1		1		
18		1		1		
19		2		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25	1		1			
26		1		1		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	27	←	23	←		←
TOTAL CLAIMS	31		27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						